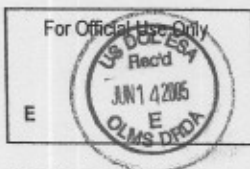


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>032392</u> <u>2251</u>	2. Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>2004</u> Through: <u>6</u> / <u>30</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Diane</u> <u>E</u> <u>Sharp</u> P.O. Box, Bldg., Room No., if any _____ Street <u>IN 380 Darling St</u> City <u>Carol Stream</u> State <u>IL</u> ZIP Code + 4 <u>60188</u>	4. Name, file number, and address of labor organization. Name <u>Local 56 B.A.C.</u> Labor Organization File Number <u>032392</u> P.O. Box, Building and Room Number, if any _____ Street <u>27W130 Roosevelt Rd</u> City <u>Winfield</u> State <u>IL</u> ZIP Code + 4 <u>60190</u>
5. Position in labor organization. <u>Office manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Diane Sharp

On

6-8-05

Date

630 653 5920

Telephone Number

Name of Person Filing <u>Diane C Sharp</u>		File Number U- <u>032-392</u>	
Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>1N380 Darling St</u> City <u>Carol Stream</u> State <u>IL</u> ZIP Code + 4 <u>60188</u>		<input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Local 56 BAC</u> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>27W130 Roosevelt Rd</u> City <u>Winfield</u> State <u>IL</u> ZIP Code + 4 <u>60190</u>		11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <u>computer systems</u>  <u>services + repairs</u> </div>	
		11.b. Approximate dollar value of such dealing. <u>\$750</u>	
		12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px;"></div>	
		12.b. Amount. <input type="text"/>	

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>